



Form CLS-IP21 (wes0906)  
Approved for use through 3/31/2007

W2168  
\$  
Box 800

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

MAIL STOP

Amendment

APPLICATION NUMBER

09/558,232

FILING DATE

4/26/2000

APPLICANT(S)

David M. MANYAK et al.

ART UNIT

2168

EXAMINER

Cheyne D. LY

ATTORNEY DOCKET NUMBER

900/00310

## ENCLOSURES (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal  | <input type="checkbox"/> PTO-1595 Recordation Form Cover | <input type="checkbox"/> Terminal Disclaimer   |
| <input checked="" type="checkbox"/> Amendment/Response                              | <input type="checkbox"/> Assignment (___ sheet(s))       | <input type="checkbox"/> Notice of Appeal  |
| <input type="checkbox"/> Preliminary  | <input type="checkbox"/> Merger/Name Change Certificate  | <input type="checkbox"/> Appeal Brief  |
| <input type="checkbox"/> Election/Restriction Requirement                           | <input type="checkbox"/> Power of Attorney               | <input type="checkbox"/> Reply Brief   |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Statement Under 37 CFR 3.73(b)  | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Missing Parts/Incomplete Application                       | <input type="checkbox"/> Change of Address               | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Under 37 CFR 1.52 or 1.53                                  | <input type="checkbox"/> Petition                        | <input checked="" type="checkbox"/> Other enclosure(s) identified below:                                     |
| <input checked="" type="checkbox"/> Extension of Time Request ( <u>3</u> month(s) ) | <input type="checkbox"/> Revive Application              | <b>Sequence Listing (printout and computer-readable form (floppy disc)); Statement Under 37 CFR 1.821(f)</b> |
| <input type="checkbox"/> Information Disclosure Statement & Form(s) PTO-SB08        | <input type="checkbox"/> Withdraw                        |  |
| <input type="checkbox"/> Drawings (___ sheet(s))                                    | <input type="checkbox"/> Request                         |  |
| <input type="checkbox"/> Declaration (___ sheet(s))                                 | <input type="checkbox"/> Correction                      |  |
| <input type="checkbox"/> Application Data Sheet (updated)                           | <input type="checkbox"/> Refund                          |  |

## REMARKS

The Commissioner is hereby authorized to charge any deficiency(ies) of fee(s) found to be required for this filing, or credit any overpayment(s), to Deposit Account No. 03-0177, referencing the attorney docket number indicated above.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME

CALIPER LIFE SCIENCES, INC.

SIGNATURE

PRINTED NAME

Donald R. McKenna, Ph.D.

DATE

11/29/2006

REG. NO.

44,922

## CERTIFICATE OF TRANSMISSION/MAILING UNDER 37 CFR 1.8

I hereby certify that this correspondence is being:

- ☒ Deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.
- ☐ Transmitted by facsimile on the date shown below to the USPTO, Amendment facsimile number 1-571-273-8300.

SIGNATURE

PRINTED NAME

Will Sayo

DATE

11/29/2006